PTO/38/06(1204) Approved for use through 1/31/2006 CN/B 0661-0032 Under the Paperson Reduction Act of 1996, no persons are required to respond to a collection of information united 8 displays a yalld CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD 101629,919 Substitute for Form PTO-875 . Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR MUMBER FLED NUMBER EXTRA BASIC FEE RATE (SI EE (I) RATE (S) DI CER I IGN (N a tel) FEE (1) NUA 150.00 SEARCHFEE NIA 300.00 NA -(37 CFA 1 16(b), (4, or (m)) N/A NA \$250 EXAMINATION FEE NA \$600 (37 CFR 1 1010L 67 or felt NA N/A NA \$100 TOTAL CLAIMS NA \$200 (37.0FR 1 18(9) X\$ 25 minus 20 . X\$50 INDEPENDENT CLAIMS OR (37 CFR 1 16(N)) minus 3 · X100 X200 if the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$128 for small entity) for each 107 CFR 1 15(4)) edditional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT DI CFR I 16(1) +180= +360= If the difference in column 1 is less then zero, enter "0" in column 2. TOTAL TOTAL APPUCATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) : OTHER THAN **OR** SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING NUMBER PRESENT RATE (S) AFTER ADDI-PREVIOUSLY EXTRA RATE(\$) TIONAL AMENDMENT TIONAL PAID FOR Total ST CIA LINK FEE (1) Minus FEE (I) ENDM X\$ 25 X\$50 independent Of CFR 1 1974 Minus OR . X100 X200 Application Size Fee (37 CFR 1.16(s)) ÓΒ PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180) +160= +360a OR TOTAL TOTAL ADO'L FEE 104 OR 6 ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER PRESENT RATE (5) AFTER. MENOMENT と回 ADDI-PREVIOUSLY EXTRA RATE (1) TIONAL PAID FOR TIONAL Total corora.c.sato FEE (5) Minus FEE (1) ۵ X\$ 25 X\$50 OR DOTOR LIBAD Minus X100 X200. Application Size Fee (37 CFR 1.16(b)) FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (DT OFR 1.160) +180= +360= OR TOTAL TOTAL

* If the entry in column 1 is less than the entry in column 2, write "O' in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

** The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the expreprists box in column 1.

** Collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to phosess) an application. Confidentiality is governed by 35 U.S.O. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete landing gathering, prepading, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments it is amount of time you require to complete this form and/or suggestions for reducing this burden, should be tent to the Chief Information Officer, U.S. Patient ORESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

**ORESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-9199 and select option 2